

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: NEW MEXICO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Termination of Provider Agreement: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and
notice requirements specified
in the regulation.)

STATE	<i>New Mexico</i>	A
DATE	SEP 25 1995	
DATE	OCT 27 1995	
DATE	JUL 01 1995	
HCFA 179	95-13	

TN No. 95-13

Supersedes

TN No. _____

Approval Date: OCT 27 1995

Effective Date: JUL 01 1995